

October 2014 – November 2014
Updated November 7, 2014
Listening Tour Themes

Qualified workforce

- Low rates
- Lots of training with little results
- Turnover
- No staff available = no service used = service reduction
- Impact of Affordable Care Act

Communication and education

- Hard to get information
- Information is hard to understand
- Community partners such as schools, DSSs, CDSAs, physicians, etc. not aware of services System is not user friendly
- DHHS, DMH and DMA websites not user friendly
- People don't trust the system

Cumbersome processes

- Creates barriers to services
- Providers over burdened
- Confusing
- Varies between MCOs
- Service definitions too complex
- Difficult for providers to enroll
- Provider monitoring excessive
- Things need to be streamlined

Relative as provider

- Inconsistent across State
- Not valued by MCOs
- Families fearful of further cuts

Specialty providers

- Limited access, especially for those who live in rural areas
- Low rates and cumbersome enrollment processes are a disincentive
- Autism services gaps (ABA / professional level services)
- Service gaps for folks who are dually diagnosed

- Services for deaf
- High functioning autism
- Psychiatrists for autism
- Continuing ed / adult ed

Aging populations

- Fear about future
- Services need to be flexible enough to adapt
- Options for retirement

Wait list

- Too long
- Unable to predict when someone will receive services
- People don't know what their place is on the waiting list
- People don't understand how the waiting list works
- Families don't learn about services in a timely manner - are not on waitlist as soon as they should be

Care Coordination / Case Management

- Look at the whole person
- Had choice
- Impartial advocate
- Personal feel
- Knows the family
- Community guide is too complicated

Crisis services

- More focus on preventative and proactive measures
- Service cuts create crises
- Lack of crisis services

Residential Services

- Provider needs break / recipient needs break – no respite for AFL providers
- Hard to offer AFL provider choice in a closed network
- Not enough residential options

Due Process, Grievances and Appeals

- Poor communication
- Complicated
- Unrealistic deadlines

SIS

- Does not capture the entire person
- Requires difficult / uncomfortable conversations
- Confusing

Person Centered Planning

- Not person centered
- Focus on paperwork, not person
- Innovations does not allow for real person centered planning
- Families should have more input / control

Other

- Recovery model / medical model does not apply to folks with IDD but MCOs function under a medical model
- Takes too long to get durable medical equipment – difficult to communicate with DMA
- Early intervention services separate from LME-MCO services creates a disjointed system
- No good overnight options for respite
- Need to work with DPI, pediatricians, etc. More coordination at State level